

# ORANGE EAST SUPERVISORY UNION

Blue Mountain Union • Bradford Elementary • Newbury Elementary • Oxbow High School  
River Bend Career & Technical Center • Thetford Elementary • Waits River Valley School

## STUDENT INFORMATION FORM

### STUDENT INFORMATION

**Legal Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_ **Legal Middle Name:** \_\_\_\_\_

**Post Name:** \_\_\_\_\_ **Preferred Last Name:** \_\_\_\_\_ **Preferred First Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Legal Gender:** ☐ Female ☐ Male **Grade Level:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**911 Physical Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Family Primary Phone No.:** \_\_\_\_\_ **Type:** ☐ Home ☐ Cell

Please check the box if your child receives: ☐ IEP/Special Education Services ☐ 504 Services

### RACE/ETHNICITY INFORMATION

Is your child of Hispanic or Latino origin? ☐ Yes ☐ No

What races do you consider your child? Mark the one or more races that apply.

☐ Asian ☐ Black ☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White

### PREVIOUS SCHOOL INFORMATION

**Previous School's Name** \_\_\_\_\_ **City & State** \_\_\_\_\_ **Years Attended (example: 2021-2022)** \_\_\_\_\_

### FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school and district information. Online access to student records will be provided to each Parent/Responsible Adult listed below.

**List in order of priority to contact: Parent/Responsible Adult #1:** Lives with student ☐ Yes ☐ No

(If no, provide full address below) ☐ Check to receive mailings

☐ Mother ☐ Father ☐ Guardian ☐ Other (please specify relationship) \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Preferred Gender:** ☐ Female ☐ Male

**Address (if different from student):** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone No.:** \_\_\_\_\_ **Type:** ☐ Home ☐ Cell ☐ Work

**Secondary Phone No.:** \_\_\_\_\_ **Type:** ☐ Home ☐ Cell ☐ Work

**Parent/Responsible Adult #2:** Lives with student ☐ Yes ☐ No (If no, provide full address below) ☐ Check to receive mailings

☐ Mother ☐ Father ☐ Guardian ☐ Other (please specify relationship) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Gender: Female Male

Address (if different from student): \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Type: ☐ Home ☐ Cell ☐ WorkSecondary Phone No.: \_\_\_\_\_ Type: ☐ Home ☐ Cell ☐ Work**SIBLINGS (Please list first and last name of each sibling living with student):** \_\_\_\_\_**EMERGENCY CONTACTS**

In an emergency, the parent/guardian listed above as Responsible Adult #1 will be called first, the Parent/Guardian listed as Responsible Adult #2 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Other Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Other Phone No.: \_\_\_\_\_

**PREKINDERGARTEN STUDENTS ONLY**☐ Pre-K ☐ EE Prekindergarten Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HIGH SCHOOL STUDENTS ONLY**☐ Dual Enrollment ☐ Early College

Signature of Parent/Responsible Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Student Name: \_\_\_\_\_ State ID No. \_\_\_\_\_

Entry Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Advisor: \_\_\_\_\_

AM Bus No.: \_\_\_\_\_ PM Bus No.: \_\_\_\_\_ Entered by: \_\_\_\_\_

**National School Lunch Program**☐ Free ☐ Reduced ☐ Not-Eligible ☐ Declined